

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 09-01-2017, and ending 08-31-2018

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Baptist Healthcare System Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
2701 Eastpoint Parkway

City or town, state or province, country, and ZIP or foreign postal code
Louisville, KY 40223

D Employer identification number
61-0444707

E Telephone number
(502) 896-5000

G Gross receipts \$ 2,116,259,710

F Name and address of principal officer
Stephen R Oglesby
2701 Eastpoint Pkwy
Louisville, KY 40223

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ www.baptisthealth.com

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1918

M State of legal domicile KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Provide quality healthcare services & enhance the health of the people & communities we serve

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	11
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	16,708
6 Total number of volunteers (estimate if necessary)	1,000
7a Total unrelated business revenue from Part VIII, column (C), line 12	5,445,550
7b Net unrelated business taxable income from Form 990-T, line 34	665,257

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,832,365	2,091,222
9 Program service revenue (Part VIII, line 2g)	1,970,810,662	2,044,654,309
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,052,638	36,699,531
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,383,010	32,814,648
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,060,078,675	2,116,259,710
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,130,955	1,764,591
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	919,820,653	906,723,723
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	909,642,871	951,779,008
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,831,594,479	1,860,267,322
19 Revenue less expenses Subtract line 18 from line 12	228,484,196	255,992,388

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,796,627,084	2,890,128,218
21 Total liabilities (Part X, line 26)	1,256,742,387	1,260,158,552
22 Net assets or fund balances Subtract line 21 from line 20	1,539,884,697	1,629,969,666

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer _____ Date 2019-07-13

Janet M Norton VP & Secretary
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Tricia M Johnson	Preparer's signature Tricia M Johnson	Date	Check <input type="checkbox"/> if self-employed	PTIN P00627205
Firm's name ▶ Ernst & Young US LLP			Firm's EIN ▶ 34-6565596	
Firm's address ▶ 1900 Scripps Center 312 Walnut Street Cincinnati, OH 45202			Phone no (513) 612-1400	

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

See Schedule O The mission of Baptist Healthcare System, Inc , (BHS), is to exemplify our Christian heritage of providing quality healthcare services by enhancing the health of the people and the communities we serve The vision of BHS is to be nationally recognized as the healthcare leader in Kentucky and Indiana BHS will live out its Christ-centered mission and achieve its vision guided by integrity, respect, stewardship, excellence and collaboration

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,632,266,161 including grants of \$ 1,764,591) (Revenue \$ 2,058,537,644)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,632,266,161

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 20a through 38, covering topics like hospital facilities, financial statements, grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (11); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (KY, IN); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (Stephen R Oglesby 2701 Eastpoint Parkway Louisville, KY 40223 (502) 896-5000).

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for sub-totals: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 638

Table with 3 rows (3, 4, 5) and 3 columns (Question, Yes, No) regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like Siemens Medical Solutions, LabCorp, Workday Inc, etc.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 114

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d	1,243,655				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	847,567				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f			2,091,222			
Program Service Revenue		Business Code					
	2a Insurance & Patient Pa	621300	1,119,303,186	1,114,778,675	4,524,511		
	b Medicare & Medicaid Pa	621300	819,864,581	819,864,581			
	c Management Fees-Exempt	561000	72,101,258	72,101,258			
	d Other Program Service	900099	15,900,938	15,900,938			
	e Exempt & MOB Rent	900099	13,833,626	13,833,626			
	f All other program service revenue		3,650,720	3,650,720			
g Total. Add lines 2a-2f			2,044,654,309				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		17,804,408			17,804,408	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses		0			
		c Gain or (loss)		18,895,123			
		d Net gain or (loss)		18,895,123			18,895,123
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a Cafe & Coffee Shops		722514	8,926,595			8,926,595	
b Day Care Centers		624410	3,176,848		963,682	2,213,166	
c Purchasing Partnership		900099	3,139,461	3,041,828	97,633		
d All other revenue			17,571,744	15,366,018	-140,276	2,346,002	
e Total. Add lines 11a-11d			32,814,648				
12 Total revenue. See Instructions			2,116,259,710	2,058,537,644	5,445,550	50,185,294	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,764,591	1,764,591		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	6,706,820		6,706,820	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	622,057	622,057		
7 Other salaries and wages.	743,823,164	628,814,760	115,008,404	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	17,252,266	14,660,204	2,592,062	
9 Other employee benefits.	79,504,741	67,562,002	11,942,739	
10 Payroll taxes.	58,814,675	50,146,371	8,668,304	
11 Fees for services (non-employees)				
a Management.	2,955,247	2,721,159	234,088	
b Legal.	2,776,481	388,396	2,388,085	
c Accounting.	905,150		905,150	
d Lobbying.	171,113		171,113	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	45,417,072	36,842,026	8,575,046	
12 Advertising and promotion.	8,530,328	46,577	8,483,751	
13 Office expenses.	78,043,607	62,480,860	15,562,747	
14 Information technology.	55,495,602	49,006,816	6,488,786	
15 Royalties.				
16 Occupancy.	31,226,655	28,709,415	2,517,240	
17 Travel.	4,386,585	2,062,741	2,323,844	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	225,084	131,830	93,254	
20 Interest.	35,205,896	35,205,896		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	115,030,616	110,317,505	4,713,111	
23 Insurance.	18,453,575	8,875,784	9,577,791	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies.	437,947,318	436,667,857	1,279,461	
b Purchased Svcs-Non-Med.	60,218,681	47,615,395	12,603,286	
c Provider Tax.	37,903,788	37,903,788		
d Miscellaneous.	11,115,646	8,552,862	2,562,784	
e All other expenses.	5,770,564	1,167,269	4,603,295	
25 Total functional expenses. Add lines 1 through 24e.	1,860,267,322	1,632,266,161	228,001,161	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	260,569	1	36,744
	2 Savings and temporary cash investments	312,457,447	2	287,956,258
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	301,627,553	4	298,732,409
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	36,963,480	8	39,408,535
	9 Prepaid expenses and deferred charges	34,899,305	9	18,949,637
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,332,028,439		
	b Less accumulated depreciation	1,234,465,787		
		1,138,151,699	10c	1,097,562,652
	11 Investments—publicly traded securities	752,466,592	11	911,372,726
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	14,317,256	13	14,014,221
	14 Intangible assets	17,360,947	14	17,360,947
15 Other assets See Part IV, line 11	188,122,236	15	204,734,089	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,796,627,084	16	2,890,128,218	
Liabilities	17 Accounts payable and accrued expenses	244,401,988	17	249,407,566
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	995,160,198	20	978,079,063
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	17,180,201	25	32,671,923	
26 Total liabilities. Add lines 17 through 25	1,256,742,387	26	1,260,158,552	
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,538,292,707	27	1,628,248,928
	28 Temporarily restricted net assets	1,591,990	28	1,720,738
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,539,884,697	33	1,629,969,666
	34 Total liabilities and net assets/fund balances	2,796,627,084	34	2,890,128,218

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,116,259,710
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,860,267,322
3	Revenue less expenses Subtract line 2 from line 1	3	255,992,388
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,539,884,697
5	Net unrealized gains (losses) on investments	5	33,339,474
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-199,246,893
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,629,969,666

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	Yes	
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 61-0444707

Name: Baptist Healthcare System Inc

Form 990 (2017)

Form 990, Part III, Line 4a:

See Schedule O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Aaron Thompson PHD Director	1 00 0 00	X						3,000	0	0
Allen Rudd Director	1 00 0 00	X						3,000	0	0
Brent Cooper Director	1 00 0 00	X						3,000	0	0
Diane Dalton Evans Director (Through 12/31/17)	1 00 0 00	X						3,000	0	0
Dr Terry T Lester Director	1 00 0 00	X						3,000	0	0
Gerard J Colman CEO (12/12/17) & Director (1/1/18)	40 00 0 00	X		X				71,385	0	11,927
Glenn Leveridge Director	1 00 0 00	X						3,000	0	0
Judge Eugene Siler Jr Director	1 00 0 00	X						0	0	0
Kerry M Stemler Director	1 00 0 00	X						3,000	0	0
Marcia Milby Ridings Director	1 00 0 00	X						3,000	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
R Christian Hutson Director (Through 12/31/17)	1 00 0 00	X						3,000	0	0
Ramsey Nassar MD Director	1 00 0 00	X						3,000	0	0
Randy Owen MD Director	1 00 0 00	X						6,000	0	0
Robert L Hook Jr Director	1 00 0 00	X						3,000	0	0
Tammy Zimmerman Director (Effective 1/1/18)	1 00 0 00	X						3,000	0	0
Thomas O Davis Director	1 00 0 00	X						3,000	0	0
Victoria Buster Director	1 00 0 00	X						3,000	0	0
David Gray Vice President (Through 12/31/17)	40 00 0 00			X				658,561	0	109,440
Janet Norton Secretary & Vice President	40 00 0 00			X				628,702	0	33,269
Stephen R Oglesby CFO, Treasurer, Vice President	40 00 0 00			X				520,100	0	95,344

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
William G Sisson Vice President (Through 12/31/17)	40 00 0 00			X				735,887	0	34,407
Dennis Johnson Hospital President	40 00 0 00					X		464,195	0	33,970
Isaac Myers MD Chief Health Integration Officer	40 00 0 00					X		600,201	0	126,729
Kenneth Anderson MD VP & Chief Medical Officer	40 00 0 00					X		655,131	0	33,993
Stephen Toadvine VP of Physician Integration	40 00 0 00					X		430,799	0	35,794
Timothy Jahn MD Chief Clinical Officer	40 00 0 00					X		582,426	0	117,674
Stephen C Hanson President & CEO (Through 3/21/17)	0 00 0 00						X	1,926,660	0	29,111
William A Brown Vice President (Through 8/18/17)	0 00 0 00						X	657,157	0	33,338

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Baptist Healthcare System Inc

Employer identification number

61-0444707

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 61-0444707

Name: Baptist Healthcare System Inc

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 • Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 • Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Baptist Healthcare System Inc	Employer identification number 61-0444707
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes **No**

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		46,750
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		142,912
j Total Add lines 1c through 1i			189,662
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part II-B, Line 1	Fees and related expenses paid for lobbyist Part II-B, Line 1i Lobbying portion of Kentucky Hospital Association and American Hospital Association dues, and an allocation of the expenses of BHS staff

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
Baptist Healthcare System Inc

Employer identification number
61-0444707

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	754,058,582	799,870,635	808,699,955	857,141,112	762,097,721
b Contributions	132,278,360	61,040,747	33,990,776	22,188,064	8,449,636
c Net investment earnings, gains, and losses	68,237,615	59,495,543	56,256,745	-704,296	99,265,139
d Grants or scholarships					
e Other expenditures for facilities and programs	39,440,329	164,068,546	96,524,337	67,115,064	9,949,063
f Administrative expenses	2,040,764	2,279,797	2,552,504	2,809,861	2,722,321
g End of year balance	913,093,464	754,058,582	799,870,635	808,699,955	857,141,112

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 99 800 %
 - b** Permanent endowment ▶ 0 %
 - c** Temporarily restricted endowment ▶ 0 200 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		144,079,952		144,079,952
b Buildings		920,620,190	424,641,022	495,979,168
c Leasehold improvements				
d Equipment		1,237,500,466	809,824,765	427,675,701
e Other		29,827,831		29,827,831
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,097,562,652

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Other Current Assets	33,757,309
(2) Due From Affiliate	18,094,388
(3) Trustee Funds-Malpractice	78,910,008
(4) Trustee Funds-Workers Comp	21,079,977
(5) Trustee Funds-Under Bond Indenture	750,829
(6) Unamortized Issue Costs	8,256,136
(7) Other Investments	12,621,732
(8) Other Assets	31,263,710
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	204,734,089

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Malpractice Liability	121,170,000
Workers Comp Liability	19,510,000
Post-Retirement/Miscellaneous	25,133,421
Third Party Payable	5,649,000
Intercompany	-138,790,498
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	32,671,923

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 61-0444707

Name: Baptist Healthcare System Inc

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
Other Current Assets	33,757,309
Due From Affiliate	18,094,388
Trustee Funds-Malpractice	78,910,008
Trustee Funds-Workers Comp	21,079,977
Trustee Funds-Under Bond Indenture	750,829
Unamortized Issue Costs	8,256,136
Other Investments	12,621,732
Other Assets	31,263,710

Supplemental Information

Return Reference	Explanation
Part V, Line 4	The endowment funds are used to support and enhance patient care at the hospitals, finance capital improvements and provide educational and financial assistance to hospital employees

Supplemental Information

Return Reference	Explanation
Part X, Line 2	Baptist evaluates its uncertain tax positions on an annual basis. A tax benefit from an uncertain position may be recognized when it is more likely than not that the position will be sustained upon examination, including the resolution of any related appeals or litigation processes, based on the technical merit of the position. Baptist has determined that it has no uncertain tax positions that are required to be recorded as of August 31, 2018. Tax years that are open include the years from 2014 to 2017.

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 Baptist Healthcare System Inc

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Employer identification number
 61-0444707

OMB No 1545-0047
2017
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		16,466	42,556,155	11,618,683	30,937,472	1 660 %
b Medicaid (from Worksheet 3, column a)		268,343	261,815,405	237,375,487	24,439,918	1 310 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		284,809	304,371,560	248,994,170	55,377,390	2 970 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		267,650	4,506,995	32,820	4,474,175	0 240 %
f Health professions education (from Worksheet 5)			75,000		75,000	0 %
g Subsidized health services (from Worksheet 6)		6,385	56,423,854	51,178,083	5,245,771	0 280 %
h Research (from Worksheet 7)			575,000		575,000	0 030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,317,799		1,317,799	0 070 %
j Total. Other Benefits		274,035	62,898,648	51,210,903	11,687,745	0 620 %
k Total. Add lines 7d and 7j		558,844	367,270,208	300,205,073	67,065,135	3 590 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	12,661,766
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	3,522,187
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME).	5	511,808,360
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	575,847,530
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-64,039,170
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

Part IV Management Companies and Joint Ventures

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

6

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 17</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https //www baptisthealth com</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>https //www baptisthealth com</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www baptisthealth com</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www baptisthealth com</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>www baptisthealth com</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7	<p>COSTING METHODOLOGY BHS utilizes a sophisticated cost accounting system that identifies the cost of delivering care at the individual procedure and item (supply) level for direct costs and a detailed step-down methodology to allocate overhead costs as accurately as possible. Costs are determined for each patient based upon the specific procedures performed and items used for each patient. Patients are also categorized by 1 Patient type (inpatient and outpatient), 2 Payer plan (42 unique categories of payer plans. Charity, state-sponsored charity and the uninsured are among the uniquely identified payer plans), and 3 Clinical service (53 unique clinical services). The cost of care for uninsured patients who qualify for "full" charity care (under a State-sponsored or BHS sponsored charity program) is determined by calculating the cost of each uninsured charity patient (at the procedure and item level) and accumulating the cost of each patient. For insured patients who also qualify for partial charity under the BHS sponsored charity program, costs are allocated to each portion (insurance, partial charity, patient payments and bad debt) using the patient's payer plan cost-to-charge ratio (CCR). For example, this CCR is multiplied by the charges covered by insurance to determine the cost of insurance, multiplied by charges covered by partial charity to determine the cost of partial charity, multiplied by patient payments to determine the cost of paid services and multiplied by unpaid charges to determine the cost of bad debt. The cost of care for uninsured patients who do NOT qualify for charity care (full or partial bad debt accounts) are allocated to each portion (patient paid portion and unpaid portion) using the patient's uninsured payer plan CCR. For example, this CCR is multiplied by patient payments to determine the cost of paid services and multiplied by unpaid charges to determine the cost of bad debt. Much care is taken to ensure that costs used for community benefit reporting are directly related to exempt-purpose patient care (excluding physician-related costs) and that costs are reported accurately. For example, the cost of charity and Medicaid are removed from the calculation of the loss on subsidized services.</p>
Part I, Line 7g	No physician clinic costs are included in the costs of subsidized health services

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form 990, Part I, Line 6A	Each hospital within Baptist Healthcare System, Inc (BHS), (61-0444707), prepares a Community Benefit Report. In addition, a summary Community Benefit Report is prepared on a consolidated basis for all entities.
Part II, Community Building Activities	<p>COMMUNITY CARE To help Baptist Health accomplish its mission to transform the health of our communities, the entire organization is embracing a new way of thinking. Our providers remain focused on helping people get well and stay well, and the system is investing in new ways to provide quality, personalized care that is both efficient and proactive, preventing individuals from becoming sick in the first place. WELLNESS Baptist Health's Wellness team is constantly seeking creative new opportunities to change the health of our communities for the better, one individual at a time. The team strives to create a culture of health and accountability, effectively engaging participants to help them reach their health and wellness goals. Baptist's innovative, award-winning wellness programs include smoking-cessation classes, weight-management programs, diabetes prevention, nutritional health, stress management and fitness/physical activity. Partnerships with other like-minded organizations within the community further enhance, support and promote these successful initiatives and programs. COLLABORATIONS Improving the health of those in the communities we serve at the grassroots level takes partnerships. Baptist Health is a founding member of Shaping Our Appalachian Region (SOAR), which aims to improve the quality of life in Eastern Kentucky. In Paducah and Corbin, a Congregational Health Network links those just released from the hospital to trained fellow church members willing to help with their care needs. Physically fit youngsters is the goal of the Project Fit America partnership, bringing funding, equipment, teacher training and a curriculum to 33 elementary and middle schools in 21 communities. Baptist Health is among 10 health systems that founded the Kentucky Health Collaborative to share best practices for improving the health of the Commonwealth's citizens. ADVOCACY Baptist Health is working with community and state leaders, local schools, health departments and other partners to improve the health of our communities. Our efforts focus on the passage of smoke-free legislation to help children breathe clean air, tort reform, which can lower the cost of healthcare, telehealth to make healthcare more accessible, and opportunities to combat substance abuse and addiction. RESEARCH Baptist Healthcare System's leadership in clinical research is directly linked to our organizational mission of serving the healthcare needs of patients and communities across Kentucky and Southern Indiana. Clinicians in Baptist Health facilities are currently engaged in more than 300 clinical studies, addressing a variety of medical conditions that include --Cancer --Heart disease --Bone and muscle deformities --Neurological disorders --Communicable diseases --Diabetes. Cancer research at Baptist Health has grown tremendously in the last 20 years with continued growth expected through the collaboration of the Baptist Health Cancer Research Network, (BHCRN). The BHCRN is a joint effort among physicians, nurses, patients, caregivers and administrators to improve cancer care at Baptist Health through research. Our program is unique among community research sites because it has always been hospital-based and has improved our ability to provide patients with NCI-sponsored, cooperative-group studies, culminating in our recent designation as a Main Member for NRG and GRN. Our clinicians are also involved in state and national-level research organizations, such as the NCI's National Clinical Trials Network, and the Guardian Research Network (GRN). These organizations bring together leading medical investigators to pool resources, share data and coordinate clinical trials. The Guardian Research Network is a nationwide consortium of high-performing community health systems, including Baptist Health, which created a breakthrough platform for accelerating cures for cancer. The network's objectives are to identify and place patients into clinical trials as fast as possible, cutting weeks and sometimes months off of enrollment timelines. Its searchable database houses hundreds of thousands of cancer patients' medical records. The Grail Study is the first trial launched by GRN and is designed to determine if a blood test can be created to enable the early detection of cancer. Participating hospitals include Baptist Health Lexington, Baptist Health Louisville and Baptist Health Paducah. Clinical research expands our knowledge of diseases allowing us to better understand and more effectively treat the diseases and conditions that affect the human body. Medical advancements hinge upon vigorous research programs and the commitment of healthcare organizations like Baptist Health.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 3	Methodology used to estimate bad debt expenses attributable to patients eligible under FAP The estimated amount of bad debt expense attributable to patients eligible under the organization's FAP was determined using a historical percentage to total of net amounts written off as bad debt for those patients with a low propensity to pay or low income to total net amounts written off as bad debt Rationale for including other bad debt amount in community benefit No other bad debt amounts have been included as community benefit The hospital educates patients with limited ability to pay regarding financial assistance and for this reason, the organization believes it accurately captures all charity care deductions provided according to the financial assistance policy, and the amount of bad debt expense attributable to patients eligible under the organization's charity care policy is negligible
Part III, Line 4	BAD DEBT EXPENSE FOOTNOTE A separate footnote for bad debt expense is not included in the audited financial statements However, beginning in 2012 BHS reported the provision for uncollectible accounts related to patient service revenue as a deduction from patient service revenue The costing methodology of bad debt is outlined in Schedule H, Part VI, Line 1

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8	MEDICARE COSTING METHODOLOGY Medicare revenues and allowable costs were taken from the "as filed" Medicare cost report. Much care is taken to ensure that all adjustments to remove non-allowable costs are taken. Due to the fact that Medicare rates are non-negotiable and are established by the government, all of the shortfall for Medicare should be included as a community benefit.
Part III, Line 9b	COLLECTION PRACTICES Patients and guarantors who qualify for a "full" charity discount will not be billed once the charity determination is made. Patients and guarantors who qualify for a "partial" charity discount will be billed only for the non-discounted portion of their account. Guarantors who have an ability to pay for services will be billed based on the following guidelines: - Patients or guarantors may be asked to pay an estimated patient liability at point of service - BHS facilities will accept and file claims for all insurances assigned to the organization with adequate proof of coverage. This assignment does not relieve the guarantor of responsibility for payment if the insurer fails to pay as prescribed by regulation, statute or patient-insurance contract. Deductibles, co-payments and non-covered services will be the responsibility of guarantors. - Statements will be sent to guarantors once patient liability is determined for insured or uninsured patients and necessary billing follow-up calls will be made by BHS Patient Financial Services and/or a designated external early out vendor over a period of time averaging from 90 to 120 days. All statements will contain information regarding the availability of financial assistance. If applicable, effort will be made to assist uninsured patients to secure coverage through any governmental or other assistance programs. - Patients requesting detailed charge information will be provided an itemized bill. - BHS Patient Financial Services will provide all patients the same information concerning services and charges. - Patient accounts not resolved at the end of this cycle will be considered for placement with external collection agencies. Collection agencies will continue to pursue patient balances while maintaining compliance with the Fair Debt Collection Practices Act and the ACA International's Code of Ethics and Professional Responsibility.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2	NEEDS ASSESSMENT BHS conducts a tri-annual planning process that is driven by the strategic vision to be the health care leader in Kentucky Key industry and community issues (such as prominent health conditions present within each community, underserved areas and underprovided clinical services) are considered and analyzed for their impact on BHS and the six hospitals Frequently, outside experts reaffirm the assessment and assist in the development of plans to address the community need A course of action, including key strategies and goals, is shared with and approved by the BHS Board and the Hospital's administrative boards
Part VI, Line 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE The following is a list of various methods/processes used to inform/educate patients on the availability of financial assistance - Financial counselors advise and/or screen uninsured patients before or during hospital services, - A third party vendor advises and/or screens uninsured patients during hospital services, - Financial counselors provide follow-up contact for patients missed during services, - The State-sponsored DSH form is provided to all ED uninsured patients, - Telephone calls and in-person visits are handled by staff trained to discuss financial assistance, - Information regarding financial assistance is included in patient statements - The BHS sponsored charity care program policy is posted in key areas of each hospital - The BHS sponsored charity care program policy is posted on the website of each hospital and the System

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4	<p>COMMUNITY INFORMATION BHS is comprised of six regional hospitals. Each one serves a unique and separate geographic area within Kentucky and Indiana. Baptist Health Louisville (BHL0U) opened in 1975 and is located in St. Matthews, approximately five miles east of downtown Louisville. BHL0U is strategically located near Interstate 64, a main access to downtown, and Interstate 264, a main beltway around Louisville. The primary geographic service area for BHL0U consists of Jefferson, Oldham, Shelby, Spencer and Bullitt counties in Kentucky. BHL0U serves as a general acute care facility, specializing in services such as cardiovascular services, cancer care and comprehensive rehabilitation services that are much needed in the area. In addition, BHL0U operates one of the busiest emergency departments in the state of Kentucky. Approximately 16.4% of the population of the local area surrounding the hospital is over 65 and the unemployment rate is 4.2%, as compared to the national average of 4.8%. Baptist Health Corbin (BHCOR) opened in 1986 in Corbin, Kentucky. It is located one-half mile off of Interstate 75, approximately three miles from downtown Corbin and near U.S. Highway 25, which is a main access to several of the surrounding communities. The primary geographic service area for BHCOR consists of the counties of Knox, Laurel, Whitley, Bell, McCreary and Clay in Kentucky. BHCOR serves as a general acute care facility, specializing in services such as psychiatric, substance abuse, comprehensive rehabilitation and emergency care services. Approximately 16.6% of the population of the local area surrounding the hospital is over 65 and the unemployment rate is 6.5%, as compared to the national average of 4.8%. Baptist Health Lexington (BHLEX) opened in 1954 in Lexington, the second largest city in Kentucky. It is located approximately five miles from Interstate 75 and Interstate 64 which provide access for the immediate Lexington metro area patients as well as patients from other areas of central and eastern Kentucky which the hospital serves. The primary geographic service area for BHLEX consists of the Kentucky counties of Bourbon, Clark, Fayette, Franklin, Jessamine, Madison, Scott and Woodford. In addition, BHLEX serves as a regional referral center with approximately 35% of its discharges coming from Kentucky counties outside of the primary service area. As such, BHLEX provides tertiary care services not offered by many hospitals in the surrounding areas including specialty cardiovascular, orthopedic and intensive care services. Approximately 14.7% of the population of the local area surrounding the hospital is over 65 and the unemployment rate is 5.2%, as compared to the national average of 4.8%. Baptist Health Paducah (BHPAD) was opened in 1953 in Paducah, Kentucky, the largest city in BHPAD's service area. The hospital is located approximately one and one-half miles from Interstate 64. BHPAD is one of only two hospitals located in Paducah. The primary geographic service area for BHPAD consists of Ballard, Caldwell, Carlisle, Graves, Livingston, Lyon, Marshall and McCracken counties in Kentucky and Massac County in Illinois. BHPAD draws nearly 72% of its discharges from the primary service area. BHPAD serves as a general acute care facility, specializing in services such as cardiovascular services, cancer care and skilled nursing that are much needed in the area. Approximately 20% of the population of the local area surrounding the hospital is over 65 and the unemployment rate is 6.1%, as compared to the national average of 4.8%. Baptist Health LaGrange, (BHLAG) became part of the BHS system in 1992. Baptist Health LaGrange can serve all of the primary healthcare needs of its service area. BHLAG defines its service area by looking at where the majority of its inpatients reside. Approximately 82% of BHLAG's inpatients come from Oldham, Henry, Trimble, and Carroll counties. Oldham County is a shared service area between Baptist Health Louisville and BHLAG. Approximately 14.7% of the population of the local area surrounding the hospital is over 65 and the unemployment rate is 3.7%, as compared to the national average of 4.8%. Baptist Health Floyd, (BHF) became a member of the Baptist Health system after its acquisition in October of 2016. Since its inception in 1953, Baptist Health Floyd has grown to be an outstanding regional healthcare provider serving the needs of a seven county region, including Floyd, Clark, Crawford, Harrison, Orange, Scott and Washington counties in southern Indiana. Over 41% of the patients served come directly from Floyd County. BHF serves as a general acute care facility, specializing in services such as cardiovascular services, cancer care and comprehensive rehabilitation services. Approximately 16.2% of the population of the local area surrounding the hospital is over 65 and the unemployment rate is 5.0%, as compared to the national average of 4.8%.</p>
Part VI, Line 5	<p>PROMOTION OF COMMUNITY HEALTH The BHS Board of Directors is comprised of local representatives who, along with the hospital's management and employees, understand that they are responsible for providing high quality health care services to the communities they serve. Operating healthcare facilities in today's environment requires a delicate balance between producing a sufficient margin to allow for adequate staffing and investment in new technologies, while also providing enough resources to absorb the cost of care for those patients who do not have the ability to pay for the services. In 2018, Baptist was able to re-invest over \$87 million into the communities in new technology, construction, renovation and systems improvement. BHS hospitals reach out to the community in many ways through:</p> <ul style="list-style-type: none"> - Conducting health fairs for local schools, businesses and churches - Participating in fund-raising and other events to help local agencies such as the American Heart Association, Metro United Way, American Cancer Society, Big Brothers and Big Sisters and the American Red Cross - Donating hospital space for community group meetings - Participating on community health assessment teams that are dedicated to identifying and addressing local health needs in each of the counties we serve - Hosting educational programs, including our pre-natal classes, CPR, smoking cessation, AED training and safe sitter programs - Maintaining necessary, but unprofitable services that meet community needs - Helping to recruit physicians to underserved areas and extending medical staff privileges to all qualified physicians in our community for some or all of our departments and specialties - Helping patients coordinate services with other healthcare providers - Providing resources for support groups, such as cancer recovery groups - Promoting and providing preventive care services - Monitoring clinical outcomes in order to ensure quality care - Committing resources to improving safety and processes of care - Providing services conveniently accessible by patients <p>In addition, BHS employees volunteer thousands of hours in community services and leadership. BHS's support for community activities underscores its commitment to improving the lives of those served. Because BHS and its employees contribute so much of their time, talent and resources to serve others, communities served by BHS are better places to live and work. Quantification of many of the community benefits is detailed elsewhere in this schedule. However, what the quantifiable amount doesn't measure is the economic benefit derived by the community from BHS being one of the major employers in the area. The economic impact of the wages paid to BHS employees is significant considering the dollars they spend on food, housing, services, and other products. The Internal Revenue Service Revenue Ruling 69-545 provides that a hospital can demonstrate it has met the community benefit standard by having a full-time emergency room open to the public regardless of ability to pay for services received. BHS hospitals operate emergency departments that are open 24 hours a day, 365 days a year and treated over 294,000 emergency patients during fiscal year 2018. BHS and its emergency departments post policies stating that patients will be treated regardless of their ability to pay. Depending on the severity of a patient's condition, as a service to the patient BHS may verify insurance prior to rendering services in the emergency department. Under no circumstances is emergency care delayed by discussions regarding insurance coverage or ability to pay for services. In addition, BHS does not convey or intimate in any way to any emergency medical transportation service an unwillingness to treat any particular patient in need of medical attention.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	<p>AFFILIATED HEALTH CARE SYSTEM Baptist Healthcare System, Inc , (BHS), is a nonprofit, tax-exempt organization that owns and operates six hospitals Baptist Health Richmond, Inc is a nonprofit, tax-exempt affiliate that owns and operates a hospital in Richmond, KY Baptist Health Madisonville, Inc is a nonprofit, tax-exempt affiliate that owns and operates a hospital in Madisonville, KY Baptist Community Health Services, Inc is a nonprofit, tax-exempt affiliate that owns and operates rehabilitation centers, urgent care centers, and occupational and physical therapy clinics within the regions surrounding the hospitals Baptist Health Medical Group, Inc is a nonprofit, tax-exempt affiliate that owns and operates physician practices and other healthcare facilities Baptist Healthcare Foundation, Inc , Baptist Health Foundation of Greater Louisville, Inc , Baptist Health Foundation Corbin, Inc , Baptist Health Foundation Richmond, Inc , Baptist Health Foundation Madisonville, Inc , Baptist Health Foundation Lexington, Inc , and Baptist Health Foundation Paducah, Inc are nonprofit, tax-exempt affiliate corporations Baptist Health Plan, Inc , (BHP), is a nonprofit, taxable affiliate health maintenance organization Baptist Ventures, Inc is an affiliate corporation Baptist Physicians' Surgery Center is a limited liability corporation, of which Baptist Community Health Services, Inc owns 55% Baptist Eastpoint Surgery Center, LLC is a limited liability company of which Baptist Community Health Services, Inc owns 84% Baptist Health Network Partners, LLC (BHNP), (formerly known as Purchase Health Quality Collaborative, LLC "PHQC"), formed in 2011, is a non-profit limited liability company whose sole member is BHS BHNP was formed to support a physician/hospital network established by PHP, working with BHPAD to engage in clinical integration activities Baptist Health Care Partners, LLC (BHCP), formed in 2015, is a non-profit limited liability company whose sole member is BHS BHCP was formed to participate in the CMS Medicare Shared Savings Program, (MSSP), as an Accountable Care Organization (ACO) Mercy Regional Emergency Medical System, LLC ("MREMS"), formed in 1996, is a non-profit taxable corporation, which owns and operates an ambulance service in McCracken County, Kentucky in the service area of BH Paducah BHS owns a 50% interest in MREMS and the remaining 50% interest is owned by Mercy Health System, Inc D B A Lourdes Hospital All related entities are located in the Commonwealth of Kentucky or the state of Indiana All entities described in Schedule H, Part VI, Line 6 contributed a combined community benefit amount as follows Charity Care at Cost \$30,937,000 Unreimbursed Medicaid 24,440,000 Community Health Improvement 4,474,000 Health Professions Education 75,000 Subsidized Health Services 5,246,000 Research 575,000 Cash and In-Kind Contributions 1,318,000 Total Community Benefit \$67,065,000</p>
Part VI, Line 7, Reports Filed With States	KY,IN

Schedule H (Form 990) 2017

Additional Data

Software ID:
Software Version:
EIN: 61-0444707
Name: Baptist Healthcare System Inc

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 6		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Baptist Health Louisville 4000 Kresge Way Louisville, KY 40207 www BaptistHealth.com 100451	X	X					X			A
2	Baptist Health Lexington 1740 Nicholasville Road Lexington, KY 40503 www BaptistHealth.com 100101	X	X					X			A
3	Baptist Health Paducah 2501 Kentucky Avenue Paducah, KY 42003 www BaptistHealth.com 100313	X	X					X			A
4	Baptist Health Corbin 1 Trillium Way Corbin, KY 40701 www BaptistHealth.com 100417	X	X					X			A
5	Baptist Health LaGrange 1025 New Moody Lane LaGrange, KY 40031 www BaptistHealth.com 100575	X	X					X			A

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 6		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
6	Baptist Health Floyd 1850 State Street New Albany, IN 47150 www.BaptistHealth.com 17-005040-1	X	X					X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility Reporting Group A consists of	- Facility 1 Baptist Health Louisville, - Facility 2 Baptist Health Lexington, - Facility 3 Baptist Health Paducah, - Facility 4 Baptist Health Corbin, - Facility 5 Baptist Health LaGrange, - Facility 6 Baptist Health Floyd

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- Baptist Health Louisville Part V, Section B, line 5	Contact was made with the health departments responsible for the counties in the service area. There are four health departments responsible for the counties BHLOU serves: Louisville Metro Public Health & Wellness (Jefferson County), the Bullitt County Health Department, the Oldham County Public Health Department and the North Central District Health Department, which serves both Shelby and Spencer counties. Through these contacts, the public meetings that were held, and public surveys conducted in Jefferson and Oldham counties, BHLOU solicited primary feedback on the health issues confronting its service area. Louisville Metro Public Health & Wellness also brought all of the Louisville-based hospitals, hospital systems & the Kentucky Hospital Association (KHA) together for joint meetings to assist them in the update of the public survey included in the CHNA. Secondary data from demographic & socioeconomic sources, Kentucky vital statistics, disease prevalence records, health indicators & statistics were updated. National, state, & local resources were also used.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>Group A-Facility 1 -- Baptist Health Louisville Part V, Section B, line 11</p>	<p>Based upon the data collected and analyzed through this assessment, the committee identified the following as the primary health issues that the hospital will focus on over the next three years: obesity, opioid abuse and cancer. Obesity and the related health effects on individuals and families was the consensus among the committee as the most pressing community need. Obesity has a significant impact on overall health and well-being, and can contribute to other health issues such as cardiovascular disease, diabetes, pulmonary disease, & joint deterioration. Through the combined efforts of medical professionals, schools, churches & government agencies, we will be successful in educating & engaging individuals to better care for themselves. Kentucky has some of the highest rates in the nation for preventable health conditions & for behaviors that have been identified as unhealthy. The committee ranked opioid abuse as their second priority in terms of public health issues. Opioid abuse has become an epidemic across the country and locally we are seeing a similar surge of opioid usage admissions & emergency room visits. Similar to obesity, opioid abuse has an impact on overall health & can lead to other co-morbidities. In addition, the service area is seeing a greater presence of drug-addicted newborns who must be sent to neonatal intensive care units to treat withdrawal symptoms. Cancer continues to be a leading cause of death in this service area, leading the committee to rank it as the third priority in terms of public health issues. Mortality levels in our service area are slightly lower than the state & national averages but still claim too many in our communities. The committee acknowledged the continued need for board-certified oncologists & easier access to cancer-related services, such as preventive screenings, chemotherapy & radiation therapy. Three additional issues identified were health literacy, cardiovascular disease & early intervention. The consensus of the team is that many of these issues are related, & efforts to combat one will result in improvements in one or more of the others. It is not within the scope of Baptist Health Louisville's services, expertise or resources to be able to address all of the risk factors that have been identified as influencers of our community's health status. However, it is through networking, partnerships & collaboration with other community stakeholder organizations & agencies that these issues are being addressed. Baptist Health Louisville works collaboratively with other community resources to provide support & to serve as a referral source to address the additional identified health needs that fall below the significant prevalence level for our service area. Impact issues such as unemployment & uninsured populations are being managed by economic development groups, the Kentucky Chamber of Commerce, city & county governments & county health departments. The consensus of the team conducting the assessment</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>Group A-Facility 1 -- Baptist Health Louisville Part V, Section B, line 11</p>	<p>ent is that many of these issues are related & efforts to combat one will result in improvements in one or more of the others Health literacy was defined as an increased awareness of the public to their overall healthcare environment, including knowledge of how & when to access care, understanding their personal health status, & the necessity of compliance with medicine & lifestyle regimens assigned by their physicians Only through the combined efforts of medical professionals, schools, churches & government agencies will we be successful in educating & engaging individuals in caring for themselves Kentucky has some of the highest rates in the nation for preventable health conditions & for behaviors that have been identified as unhealthy The committee felt that continued focus on health literacy & personal responsibility would improve the general health of the population more than any other activity As cancer continues to be a leading cause of death in this service area, the committee ranked it as their second priority in terms of public health issues Although Jefferson County mortality levels are better than the state average they are still higher than the national average The committee acknowledged the continued need for board certified oncologists & easy access to cancer related services such as chemotherapy & radiation therapy Cardiovascular disease ranked as the committee's third priority & encompasses coronary artery disease, heart attack, arrhythmias, heart failure, cardiomyopathy & vascular disease The discussion focused on education, prevention & treatment The goal is to expand public awareness of disease root causes & common associated conditions to increase compliance with standard of care protocols It is not within the scope of BHLOU's services, expertise or resources to be able to address all of the risk factors that have been identified as influencers of our community's health status But it is through networking & partnerships with other community stakeholder organizations & agencies that these issues are being addressed BHLOU works collaboratively with other community resources to provide support & serve as a referral source to address the additional identified health needs that fall below the significant prevalence level for our service area Impact issues such as unemployment & uninsured populations are being dealt with by economic development groups, the Kentucky Chamber of Commerce, city & county governments, & county health departments</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- Baptist Health Louisville Part V, Section B, line 13b	Based on the information provided in the FAP application and/or through the presumptive eligibility process, a patient or guarantor whose income is less than 200% of the current Federal Poverty Guideline for his or her family size is eligible for a full discount under the FAP after all other healthcare resources have been utilized and exhausted. A patient or guarantor whose income is greater than 200% but less than 400% of the current Federal Poverty Guideline for his or her family size is eligible for a sliding scale discount after all other healthcare resources have been utilized and exhausted.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- Baptist Health Louisville Part V, Section B, line 20e	Billing and Collections Prior to referring individuals to a collection agency, BHS processes all self-pay accounts through an external scoring application to determine additional eligibility for financial assistance

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 2 -- Baptist Health Lexington Part V, Section B, line 5	A wide variety of community resources were consulted during the CHNA process, as this is a community-driven plan of action which engages the public and develops partnerships There are numerous health departments in the Baptist Health Lexington service area responsible for the counties Baptist Health Lexington serves Each health department's community improvement plan was evaluated by the committee and those initiatives were considered throughout the process of determining the goals for the Baptist Health Lexington Community Health Needs Assessment Baptist Health Lexington also solicited public opinion on community health needs using a survey distributed via social media, the Baptist Health Lexington website and in paper form Survey responses, coupled with the information from the respective health departments, were considered as primary data Secondary data obtained from national, state and local demographic and socioeconomic sources was used, including Kentucky vital statistics, disease prevalence studies and health indicators and statistics

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 2 -- Baptist Health Lexington Part V, Section B, line 11	<p>Opioid abuse, cancer, (including breast, colorectal & lung) and cardiovascular disease were the health needs of the community with the highest priorities. The committee agreed that these health issues are creating additional stress on agencies throughout the community, including the hospital. Opioid abuse has become an epidemic across the country and in our community. The committee ranked it as their first priority. Locally we are seeing a surge of opioid usage admissions and emergency room visits similar to those nationwide. Opioid abuse has a negative impact on overall health and can lead to other co-morbidities. In addition, the service area is seeing a greater presence of drug-addicted newborns that must be sent to neonatal intensive care units to treat withdrawal symptoms. As cancer continues to be a leading cause of death in this service area, the committee ranked it as their second priority in terms of public health issues. The committee acknowledged the continued need for board-certified oncologists and easier patient access to cancer-related services such as preventive screenings, chemotherapy and radiation therapy. Cardiovascular disease is the committee's third priority and includes related health issues such as coronary artery disease, heart attack, arrhythmia, heart failure, cardiomyopathy and vascular disease. A focus on education, prevention and treatment will be a priority as the goal is to expand public awareness of disease root causes and common associated conditions to increase compliance with standard-of-care protocols and to decrease the occurrence of these health issues. It is not within the scope of Baptist Health Lexington's services, expertise or resources to be able to address all of the risk factors that have been identified as influencers of our community's health status. However, it is through networking, partnerships & collaboration with other community stakeholder organizations & agencies that these issues are being addressed. Baptist Health Lexington works collaboratively with other community resources to provide support & to serve as a referral source to address the additional identified health needs that fall below the significant prevalence level for our service area. Impact issues such as unemployment & uninsured populations are being managed by economic development groups, the Kentucky Chamber of Commerce, city & county governments & county health departments.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 2 -- Baptist Health Lexington Part V, Section B, line 13b	Based on the information provided in the FAP application and/or through the presumptive eligibility process, a patient or guarantor whose income is less than 200% of the current Federal Poverty Guideline for his or her family size is eligible for a full discount under the FAP after all other healthcare resources have been utilized and exhausted. A patient or guarantor whose income is greater than 200% but less than 400% of the current Federal Poverty Guideline for his or her family size is eligible for a sliding scale discount after all other healthcare resources have been utilized and exhausted.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 2 -- Baptist Health Lexington Part V, Section B, line 20e	Billing and Collections Prior to referring individuals to a collection agency, BHS processes all self-pay accounts through an external scoring application to determine additional eligibility for financial assistance

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 3 -- Baptist Health Paducah Part V, Section B, line 5	The Purchase District Coalition for Health is a group comprised of representatives from the Purchase District Health Department, which serves Ballard, Carlisle, Fulton, Hickman, and McCracken counties in the Purchase Area Development District, the City of Paducah, the University of Kentucky County Extension offices, United Way of Paducah-McCracken County, Lourdes Hospital and Baptist Health Paducah. Bringing these groups together helps avoid duplication of efforts in data collection and resource allocation. Through these contacts and public surveys, BHPAD collected primary data and feedback on the health issues confronting its service area. Secondary data from demographic and socioeconomic sources, Kentucky vital statistics, disease prevalence and health indicators and statistics were collected from national, state and local sources.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>Group A-Facility 3 -- Baptist Health Paducah Part V, Section B, line 11</p>	<p>After studying the primary & secondary data, the committee prioritized the three most prevalent community health issues based on their severity & on the ability of Baptist Health Paducah & its partners to help improve them Obesity prevention & the illnesses related to obesity are the primary health concerns in our community To increase the awareness of obesity as a health threat to our service area residents & to encourage healthier living through diet, exercise & other means is the top priority Failing to diminish obesity in the community will lead to higher mortality rates, increased healthcare costs & a decrease in the quality of life for families in our community The second priority identified was ample access to health care The ability of individuals in a community to access healthcare resources to preserve & improve health is essential Access to healthcare has an immediate impact on overall health status, the prevention of disease, quality of life & life expectancy To ensure service area residents have sufficient access to health care services through primary care & specialist physician planning & office locations, ambulatory care facilities, new services, school clinics, the hospital's call center & education & healthcare screenings will be a primary focus of the hospital Smoking & lung disease are common problems in our community The reduction of the number of smokers in the service area will ultimately reduce the incidence of heart disease, cancer, respiratory illnesses & stroke Baptist Health Paducah supports a statewide smoking ban in public places, offers numerous early screenings tests for cancer & provides a free smoking cessation program In spite of not having the resources other agencies have to address substance abuse directly, Baptist Health Paducah works to meet the needs of the community in ways that support the efforts of the other agencies The annual Addiction Symposium focuses on training clinicians on the issues surrounding addiction & care The educational program has been a catalyst to educate the community as to the circumstances of addiction & the care available for those suffering from this disease The hospital sponsored a high-level training course for physicians & other prescribers of opiates, & experts were brought in to address questions & prescribing practices to help clinicians better care for their patients It is not within the scope of Baptist Health Paducah's services, expertise or resources to be able to address all of the risk factors that have been identified as influencers of our community's health status However, it is through networking, partnerships & collaboration with other community stakeholder organizations & agencies that these issues are being addressed Baptist Health Paducah works collaboratively with other community resources to provide support & to serve as a referral source to address the additional identified health needs that fall below the significant prevalence level for ours</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 3 -- Baptist Health Paducah Part V, Section B, line 11	ervice area Impact issues such as unemployment & uninsured populations are being managed by economic development groups, the Kentucky Chamber of Commerce, city & county government s & county health departments

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 3 -- Baptist Health Paducah Part V, Section B, line 13b	Based on the information provided in the FAP application and/or through the presumptive eligibility process, a patient or guarantor whose income is less than 200% of the current Federal Poverty Guideline for his or her family size is eligible for a full discount under the FAP after all other healthcare resources have been utilized and exhausted. A patient or guarantor whose income is greater than 200% but less than 400% of the current Federal Poverty Guideline for his or her family size is eligible for a sliding scale discount after all other healthcare resources have been utilized and exhausted.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 3 -- Baptist Health Paducah Part V, Section B, line 20e	Billing and Collections Prior to referring individuals to a collection agency, BHS processes all self-pay accounts through an external scoring application to determine additional eligibility for financial assistance

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 4 -- Baptist Health Corbin Part V, Section B, line 5	To determine the goals and focus of the CHNA, the committee evaluated the Whitley & Laurel County Health Departments' community improvement plans & initiatives and solicited public opinion on community health issues using a survey distributed via social media, the hospital website & in paper form. Survey responses, coupled with the information from the respective health departments, were considered as primary data. Secondary data was obtained and evaluated from demographic & socioeconomic sources, Kentucky vital statistics records, disease prevalence reports, health indicators & statistics, as well as other national, state and local data.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>Group A-Facility 4 -- Baptist Health Corbin Part V, Section B, line 11</p>	<p>After studying the primary & secondary data, the committee identified the top five health concerns that the hospital will focus on over the next three years. They are obesity, cancer, cardiovascular disease, mental health & substance abuse and patient transportation. Obesity was determined to be the top priority as it has a significant impact on other health issues, including cardiovascular disease, diabetes, pulmonary disease & joint deterioration. Through the combined efforts of medical professionals, schools, churches & government agencies, we will be successful in educating & engaging individuals to better care for themselves. Kentucky has some of the highest rates in the nation for preventable health conditions & for behaviors that have been identified as unhealthy. Cancer continues to be a leading cause of death in this service area, and a main priority in terms of public health issues. The committee acknowledged the continued need for board-certified oncologists & easy access to cancer-related services, such as preventive screenings, chemotherapy & radiation therapy. Cardiovascular disease ranked as the committee's third priority & encompasses coronary artery disease, heart attack, arrhythmias, heart failure, cardiomyopathy & vascular disease. The efforts to combat these health issues will focus on education, prevention & treatment. The goal is to increase public awareness of the disease, its root causes & commonly associated conditions to increase compliance with standard-of-care protocols. Opioid abuse has become an epidemic across the country. Locally, we are seeing a similar surge of opioid usage admissions & emergency room visits. This health issue is creating additional stress on agencies throughout the community. Similar to obesity, opioid abuse has an impact on overall health & can lead to other co-morbidities. In addition, the service area is seeing a greater presence of drug-addicted newborns who must be sent to neonatal intensive care units to treat withdrawal symptoms. Patient transportation is a major issue in the Baptist Health Corbin service area. Many patients do not own automobiles, & there are very limited resources for public transportation. The committee agreed it was important to explore the possibility of the hospital providing transportation services to patients. It is not within the scope of Baptist Health Corbin's services, expertise or resources to be able to address all of the risk factors that have been identified as influencers of our community's health status. However, it is through networking, partnerships & collaboration with other community stakeholder organizations & agencies that these issues are being addressed. Baptist Health Corbin works collaboratively with other community resources to provide support & to serve as a referral source to address the additional identified health needs that fall below the significant prevalence level for our service area. Impact issues such as unemployment & uninsured population.</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 4 -- Baptist Health Corbin Part V, Section B, line 11	lations are being managed by economic development groups, the Kentucky Chamber of Commerce , city & county governments & county health departments

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 4 -- Baptist Health Corbin Part V, Section B, line 13b	Based on the information provided in the FAP application and/or through the presumptive eligibility process, a patient or guarantor whose income is less than 200% of the current Federal Poverty Guideline for his or her family size is eligible for a full discount under the FAP after all other healthcare resources have been utilized and exhausted. A patient or guarantor whose income is greater than 200% but less than 400% of the current Federal Poverty Guideline for his or her family size is eligible for a sliding scale discount after all other healthcare resources have been utilized and exhausted.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 4 -- Baptist Health Corbin Part V, Section B, line 20e	Billing and Collections Prior to referring individuals to a collection agency, BHS processes all self-pay accounts through an external scoring application to determine additional eligibility for financial assistance

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 5 -- Baptist Health LaGrange Part V, Section B, line 5	A wide variety of community resources were consulted during this process. There are three health departments responsible for the counties Baptist Health La Grange serves: the Oldham County Public Health Department (OCHD), the North Central District Health Department (NCDHD), which serves both Henry & Trimble counties & the Three Rivers District Health Department (TRDHD), which serves Carroll County. Increasing communication between community service providers, enhancing the public's awareness of the agencies & services available & promoting services provided by community partners is a common goal. Baptist Health La Grange also solicited public opinion on community health needs using a survey distributed via social media, the Baptist Health La Grange website & in paper form. Survey responses, coupled with the information from the respective health departments, were considered as primary data. Secondary data, obtained from national, state and local demographic & socioeconomic sources, Kentucky vital statistics, disease prevalence studies & health indicators & statistics was collected.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 5 -- Baptist Health LaGrange Part V, Section B, line 11	<p>The committee identified six community health issues, the top three are obesity, opioid abuse and cancer. Obesity was the top community need according to the assessment committee. Obesity has a significant impact on other health issues such as cardiovascular disease, diabetes, pulmonary disease & joint deterioration. Through the combined efforts of medical professionals, schools, churches, & government agencies, we will be successful in educating & engaging individuals to live healthier lifestyles. Opioid abuse has become an epidemic across the country. The committee ranked it as their second priority. Locally we are seeing a surge of opioid usage admissions & emergency room visits similar to those nationwide. Similar to obesity, opioid abuse has an impact on overall health & can lead to other co-morbidities. In addition, the service area is seeing a greater presence of drug-addicted newborns who need to be cared for in neonatal intensive care units to treat withdrawal symptoms. As cancer continues to be a leading cause of death in this service area, the committee ranked it as its third priority in terms of public health issues. Oldham County mortality levels are better than the state & national averages but are still a significant threat. The committee acknowledged the continued need for board-certified oncologists & easy access to cancer-related services, such as preventive screenings, chemotherapy & radiation therapy. The other three issues identified are health literacy, cardiovascular disease & early intervention. The consensus of the team is many of these issues are related & efforts to combat one will result in improvements in one or more of the others. It is not within the scope of Baptist Health LaGrange's services, expertise or resources to be able to address all of the risk factors that have been identified as influencers of our community's health status. However, it is through networking, partnerships & collaboration with other community stakeholder organizations & agencies that these issues are being addressed. Baptist Health LaGrange works collaboratively with other community resources to provide support & to serve as a referral source to address the additional identified health needs that fall below the significant prevalence level for our service area. Impact issues such as unemployment & uninsured populations are being managed by economic development groups, the Kentucky Chamber of Commerce, city & county governments & county health departments.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 5 -- Baptist Health LaGrange Part V, Section B, line 13b	Based on the information provided in the FAP application and/or through the presumptive eligibility process, a patient or guarantor whose income is less than 200% of the current Federal Poverty Guideline for his or her family size is eligible for a full discount under the FAP after all other healthcare resources have been utilized and exhausted. A patient or guarantor whose income is greater than 200% but less than 400% of the current Federal Poverty Guideline for his or her family size is eligible for a sliding scale discount after all other healthcare resources have been utilized and exhausted.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 5 -- Baptist Health LaGrange Part V, Section B, line 20e	Billing and Collections Prior to referring individuals to a collection agency, BHS processes all self-pay accounts through an external scoring application to determine additional eligibility for financial assistance

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 6 -- Baptist Health Floyd Part V, Section B, line 5	A wide variety of community resources were consulted during the CHNA process, including the six health departments responsible for the counties Baptist Health Floyd serves the Clark County Health Department, the Crawford County Health Department, the Floyd County Health Department, the Harrison County Health Department, the Scott County Health Department & the Washington County Health Department Through these contacts, as well as other public agencies, public surveys & focus groups, Baptist Health Floyd solicited primary feedback on the health issues confronting its service area Secondary data was obtained from national, state & local demographic & socioeconomic sources, Indiana vital statistics, disease prevalence studies & health indicators & statistics

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 6 -- Baptist Health Floyd Part V, Section B, line 11	<p>Community discussions and survey responses identified multiple community needs that were ranked based on the following criteria: magnitude, severity, opportunity to intervene at a prevention level, degree of success in affecting the problem and resources available. The four community health priorities that were identified are as follows: social determinants of health, (food security, transportation and housing), cardiovascular disease, obesity and substance abuse and addiction. The ability of individuals in a community to access health care resources to preserve and improve health is essential. The goal is to help improve Floyd County residents' access to healthy food and nutrition and to increase health education. Screening tools used to identify food insecurity for Baptist Health Floyd patients and community nutrition and cooking classes will help to promote healthier lifestyles. Reducing the number of patients that do not receive care due to a lack of reliable transportation will help reduce the spread of illness throughout the community. Strategies to address the prevention of cardiovascular disease include the promotion of positive behaviors and an active lifestyle, community-wide screenings and sufficient access to healthcare providers. The reduction of the risk of chronic diseases and the promotion of a healthy and active lifestyle will help reduce the effects of obesity and substance abuse in our communities. It is not within the scope of Baptist Health Floyd's services, expertise or resources to be able to address all of the risk factors that have been identified as influencers of our community's health status. However, it is through networking, partnerships & collaboration with other community stakeholder organizations & agencies that these issues are being addressed. Baptist Health Floyd works collaboratively with other community resources to provide support & to serve as a referral source to address the additional identified health needs that fall below the significant prevalence level for our service area. Impact issues such as unemployment & uninsured populations are being managed by economic development groups, the Kentucky Chamber of Commerce, city & county governments & county health departments.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 6 -- Baptist Health Floyd Part V, Section B, line 13b	Based on the information provided in the FAP application and/or through the presumptive eligibility process, a patient or guarantor whose income is less than 200% of the current Federal Poverty Guideline for his or her family size is eligible for a full discount under the FAP after all other healthcare resources have been utilized and exhausted. A patient or guarantor whose income is greater than 200% but less than 400% of the current Federal Poverty Guideline for his or her family size is eligible for a sliding scale discount after all other healthcare resources have been utilized and exhausted.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 6 -- Baptist Health Floyd Part V, Section B, line 20e	Billing and Collections Prior to referring individuals to a collection agency, BHS processes all self-pay accounts through an external scoring application to determine additional eligibility for financial assistance

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B, Line 3e	Each hospital facility did include a prioritized list of the community's significant health needs in its CHNA report

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B, Lines 16 a,b,c	https://www.baptisthealth.com/Pages/patients-and-visitors/billing-information/financial-assistance.aspx

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B, Lines 7 a,b and 10a	https://www.baptisthealth.com/pages/news/community-health-needs-assessment.aspx

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No 1545-0047

2017

**Open to Public
Inspection**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the
Treasury
Internal Revenue Service

Name of the organization
Baptist Healthcare System Inc

Employer identification number
61-0444707

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 42

3 Enter total number of other organizations listed in the line 1 table ▶ _____ 6

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Part I, Line 2	Baptist Healthcare System provides only direct contributions and other general support, therefore, no monitoring of charitable contributions is performed

Additional Data

Software ID:
Software Version:
EIN: 61-0444707
Name: Baptist Healthcare System Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alzheimer's Association 6100 Dutchmans Lane Suite 401 Louisville, KY 40205	13-3039601	501 (c)(3)	7,000				General Support
American Cancer Society 1504 College Way Lexington, KY 40502	13-1788491	501 (c)(3)	36,350				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Diabetes Association 2451 Crystal Drive Suite 900 Arlington, VA 22202	13-1623888	501 (c)(3)	7,500				General Support
American Heart Association 240 Whittington Parkway Louisville, KY 40222	13-5613797	501 (c)(3)	58,500				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arthritis Foundation 2908 Brownsboro Road Suite 117 Louisville, KY 40206	04-2113261	501 (c)(3)	7,000				General Support
Bluegrass Care Navigators 2312 Alexandria Drive Lexington, KY 40504	61-0978097	501 (c)(3)	5,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Build Inc PO Box 21874 Lexington, KY 40522	61-1401584	501 (c)(3)	7,500				General Support
Center for Women and Families PO Box 2048 927 South Second St Louisville, KY 40201	61-0444846	501 (c)(3)	5,500				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Childrens Hospital Foundation 234 E Gray Street Suite 450 Louisville, KY 40202	61-6027530	501 (c)(3)	31,000				General Support
Commerce Lexington Inc 3300 E Main Street Lexington, KY 40507	61-0258800	501 (c)(3)	11,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fine Arts Assoc of Southeastern Kentucky Inc 320 Pine Street Williamsburg, KY 40769	31-0884971	501 (c)(3)	6,000				General Support
Floyd Memorial Foundation 1850 State Street New Albany, IN 47150	31-0933781	501 (c)(3)	8,500				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Foundation for a Healthy Kentucky Inc 1640 Lyndon Farm Court Louisville, KY 40223	31-1784753	501 (c)(3)	5,000				General Support
Fund for the Arts 623 W Main Street Louisville, KY 40202	61-0479626	501 (c)(3)	10,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greater Paducah Economic Development Center Inc PO Box 1155 Paducah, KY 42002	61-1181577	501 (c)(6)	40,000				General Support
Henry County Kentucky 27 S Property Road New Castle, KY 40050	11-1111111	Government	5,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hope Center Inc PO Box 6 Lexington, KY 40588	61-1107296	501 (c)(3)	55,206				General Support
Ironcology 1185 Indian Mound Road Lexington, KY 40502	82-5111678	501 (c)(3)	10,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kentucky and Southern Indiana Stroke Association 3425 Stony Brook Circle Louisville, KY 40220	61-1335267	501 (c)(3)	5,000				General Support
Kentucky CancerLink 2425 Regency Road Lexington, KY 40503	26-2704188	501 (c)(3)	5,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kentucky Chamber Foundation Inc 464 Chenault Road Frankfort, KY 40601	61-1284992	501 (c)(3)	8,999				General Support
Kentucky Educational Television 600 Cooper Drive Lexington, KY 40502	61-0722558	501 (c)(3)	5,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kentucky-Southeast Indiana MS Society 1201 Story Avenue Suite 200 Louisville, KY 40206	13-5661935	501 (c)(3)	6,000				General Support
KY Baptist Convention 13420 Eastpoint Center Drive Louisville, KY 40223	61-0549873	501 (c)(3)	43,033				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lexington Cancer Foundation 1504 College Way Lexington, KY 40502	56-2472701	501 (c)(3)	10,000				General Support
Lexington Strides Ahead Foundation 330 E Main Street Suite 205 Lexington, KY 40507	61-1322448	501 (c)(6)	25,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
March of Dimes 196 W Lowry Lane Lexington, KY 40503	13-1846366	501 (c)(3)	31,500				General Support
Market House Theater 132 Market House Square Paducah, KY 42001	31-0994059	501 (c)(3)	10,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
McCracken County High School 6530 Old Highway 60 Paducah, KY 42001	46-3183133	501 (c)(3)	15,100				General Support
Metro United Way 334 E Broadway Louisville, KY 40202	61-0444680	501 (c)(3)	46,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mission Lexington 230 S MLK Boulevard Lexington, KY 40508	20-2824933	501 (c)(3)	5,000				General Support
Mt Carmel Cemetery 4149 Old Mayfield Road Paducah, KY 42003	71-3258422	501 (c)(3)	25,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Oldham County Board of Education 6165 W Highway 146 Crestwood, KY 40014	61-1165130	501 (c)(3)	10,000				General Support
One Southern Indiana 4100 Charlestown Road New Albany, IN 47150	20-4176026	501 (c)(6)	16,300				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Paducah Area Chamber of Commerce 300 South 3rd Street Paducah, KY 42002	61-0210420	501 (c)(6)	7,200				General Support
Paducah Board of Education 800 Caldwell Street Paducah, KY 42003	000000000	Government	5,297				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Paducah Junior College PO Box 7380 Paducah, KY 42002	61-6001156	501 (c)(3)	200,400				General Support
Project Fit America PO Box 308 Boyes Hot Springs, CA 95416	36-3730823	501 (c)(3)	16,756				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Shaping Our Appalachian Region 137 Main Street Pikeville, KY 41501	37-1760426	501 (c)(3)	25,500				General Support
Supplies Over Seas 1500 Arlington Avenue Louisville, KY 40206	27-2624272	501 (c)(3)	39,840				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Susan G Komen Kentucky 207 N Upper Street Suite D Lexington, KY 40507	75-1835298	501 (c)(3)	10,000				General Support
The Carson Center fka Four Rivers Center Inc 100 Kentucky Avenue Paducah, KY 42001	61-1293428	501 (c)(3)	52,620				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Community Foundation of Louisville Inc 325 W Main Street Louisville, KY 40202	31-0997017	501 (c)(3)	7,500				General Support
United Way of McCracken County 333 Broadway Suite 502 Paducah, KY 42001	61-0444680	501 (c)(3)	9,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Kentucky 301 Peterson Service Building Lexington, KY 40506	61-6033693	501 (c)(3)	31,810				General Support
Urban League of Lexington-Fayette County 148 Dewese Street Lexington, KY 40507	61-6054655	501 (c)(3)	15,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Women Leading Kentucky 620 Euclid Avenue 105 Lexington, KY 40502	86-1120254	501 (c)(3)	10,000				General Support
YMCA of Greater Louisville 545 South 2nd Street Louisville, KY 40202	61-0444843	501 (c)(3)	5,000				General Support

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization Baptist Healthcare System Inc	Employer identification number 61-0444707
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Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	Yes			
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Lines 4a-b	Line 4a Two officers received severance payments in 2017 William Brown \$142,195 Stephen Hanson \$809,824 Line 4b Five officers and executives who participated in the Supplemental Executive Retirement Plan accrued amounts for 2017 which is a portion of the amount reported as deferred compensation in Schedule J, Column C Other retirement and deferred compensation reported in Schedule J, Column C include amounts for the Retirement Accumulation Plan and Thrift Plan The following individuals participate in and accrued amounts from the Supplemental Executive Retirement Plan David Gray \$75,171 Gerard J Colman \$11,827 Isaac Myers, MD \$98,585 Timothy Jahn, MD \$94,992 Stephen R Oglesby \$62,185 The following individuals received a payout from the Supplemental Executive Retirement Plan, a nonqualified deferred compensation plan, as they are fully vested in the plan William Brown \$56,189 William Sisson \$62,949 Janet Norton \$68,897 Stephen Hanson \$767,496
Schedule J	Certain executives receive a cell phone stipend

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization Baptist Healthcare System Inc

Employer identification number 61-0444707

Part I Bond Issues

Table with 11 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include KY Economic Development Finance Authority with various issue dates and prices.

Part II Proceeds

Table with 17 rows and 8 columns (A-D, Yes/No). Rows 1-13 list various proceeds categories and their amounts. Rows 14-17 are yes/no questions regarding bond issuance and record keeping.

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Row 1 asks if the organization was a partner in a partnership or member of an LLC. Row 2 asks about lease arrangements for private business use.

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X			X	X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X					X	X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 100 %				2 190 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	0 100 %				2 190 %			
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X	X			X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Schedule K, Part I, Line A	Description of Purpose Series 2009A and 2009B Revenue Bonds were issued to redeem the 1/99, 1/05, and 12/05 bonds, and for the costs of acquiring and constructing hospital facilities, and for the purchase of equipment

Return Reference	Explanation
Schedule K, Part I, Line B	Description of Purpose Series 2011 fixed rate Hospital Revenue Bonds were issued for the costs of certain hospital projects, including a portion of the costs of constructing and equipping a new medical structure connected to the existing hospital building at Baptist Health Lexington, (fka Central Baptist Hospital)

Return Reference	Explanation
Schedule K, Part I, Line C	Description of Purpose The series 2015a Bonds were issued to refinance the Series 2010 Variable Rate Demand Hospital Revenue Bonds issued by Baptist Health Madisonville

Return Reference	Explanation
Schedule K, Part I, Line D	The Series 2017A Bond was issued primarily for the purpose of refinancing a portion of the bridge loan used as a component of the financing of the Baptist Health Floyd acquisition and to pay all or a portion of the cost of issuance The Series 2017B Bond was issued primarily for the purpose of paying and reimbursing the costs of construction, acquisition, installation, renovation and equipping health care and health related properties and facilities, and to pay all or a portion of the costs of issuance

Return Reference	Explanation
Schedule K, Part II, Line 3, Column A	The difference between Part I, Column (E), and Part II, Line 3, is due to investment earnings of \$19,830

Return Reference	Explanation
Schedule K, Part II, Line 3, Column B	The difference between Part I, Column (E), and Part II, Line 3, is due to investment earnings of \$614,833

Return Reference	Explanation
Schedule K, Part II, Line 7-8, Column A	The amounts reported on the 8038 represented estimates of the issuance costs and the credit enhancement fees The amounts reported here are actual amounts paid from the proceeds

Return Reference	Explanation
Schedule K, Part II, Line 7-8, Column B	The amounts reported on the 8038 represented estimates of the issuance costs and the credit enhancement fees The amounts reported here are actual amounts paid from the proceeds

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Baptist Healthcare System Inc

Employer identification number 61-0444707

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Baptist Physicians Surgery Center	Board Member	1,122,425	Lease Agreement		No
(2) Cary Lester	Family of Director	111,535	Wages		No
(3) Clark Lester	Family of Director	363,281	Wages		No
(4) Juanita Baker	Family of Director	66,575	Wages		No
(5) Nicole Jackson-Gary	Family of Director	42,778	Wages		No
(6) Susan D White	Family of Director	149,423	Wages		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
~~Internal Revenue Service~~

Name of the organization
Baptist Healthcare System Inc

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

61-0444707

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>Since its inception in 1924, Baptist Healthcare System, Inc ("Baptist") has been dedicated to providing accessible, quality healthcare to all patients regardless of their ability to pay. The hospitals owned and operated by Baptist under tax identification number 61-044 4707 include Baptist Health Louisville, located in Louisville, Kentucky, Baptist Health Corbin, located in Corbin, Kentucky, Baptist Health Lexington, located in Lexington, Kentucky, Baptist Health Paducah, located in Paducah, Kentucky, Baptist Health LaGrange, located in LaGrange, Kentucky, and Baptist Health Floyd, located in New Albany, Indiana. VISION The vision of Baptist is to be the healthcare leader in Kentucky and Indiana. Having earned a reputation of providing high quality patient care and utilizing the latest in medical technology, patients seek out Baptist facilities for their care. According to state statistics in 2017, Baptist is one of the largest healthcare providers in the state of Kentucky. KENTUCKY 2018 HOSPITAL STATISTICS LICENSED BEDS 2,693 beds - the second largest number of beds of any health system in Kentucky. EMPLOYEES 16,708 employees at end of the fiscal year - one of the top employers in Kentucky. INPATIENT CARE 89,047 admissions/414,542 days - the largest number of admissions in Kentucky at a system-owned or managed hospital. One out of every seven inpatients receiving care in Kentucky received care at a system-owned or managed hospital. OBSTETRIC (DELIVERIES) 12,022 babies - the largest number of babies delivered in Kentucky at a system-owned or managed hospital. Almost one in five babies in Kentucky was delivered at a Baptist owned or managed hospital. EMERGENCY VISITS 294,318 registrations - the second largest number of emergency visits in Kentucky at a system-owned or managed hospital. One in eight ER patients was treated at a system-owned or managed hospital. OUTPATIENT VISITS 1,667,379 hospital visits - one in eleven outpatients in Kentucky receiving care in an acute-care setting was seen at a system-owned or managed hospital. MISSION As indicated by its mission statement, Baptist strives to continue its "Christian heritage of service and to enhance the health of the people and the communities we serve." Baptist is organized and operated exclusively for the benefit of each community and each hospital is considered a valuable community asset. The Baptist Boards of Directors are comprised of local representatives who, along with the hospitals' management and employees, understand that they are responsible to the communities for providing high quality healthcare services. Over the years, Baptist has gained a reputation for providing compassionate, high quality, cost efficient, patient friendly care. RESPONSIVE TO COMMUNITY NEEDS Operating healthcare facilities in today's environment requires a delicate balance between producing a sufficient margin to allow for adequate staffing and investment in new technologies, while also providing en</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>ough resources to absorb the cost of care for those patients who do not have the ability to pay for the services. In 2018, Baptist was able to re-invest over \$87 million into the communities in new technology, construction, renovation and systems improvement. Because of the need to generate a modest margin while caring for all patients, Baptist strives to fulfill its community responsibility of collecting appropriate reimbursement from all patients who have the necessary resources while providing a generous, yet accountable charity care policy to assist those patients who do not have the means to pay for the services rendered. (See "Charity Care Policy" later in this section for further discussion) From a broad perspective, Baptist hospitals consistently provide a high level of quality care to every patient and enhance the health of the people it serves through health promotions, health screenings, medical research, and training of health professionals.</p> <p>OTHER COMMUNITY BENEFITS INCLUDE</p> <ul style="list-style-type: none"> - Maintaining necessary, but unprofitable services that meet community needs - Helping to recruit physicians to underserved areas - Helping patients coordinate services with other healthcare providers - Providing resources for support groups - Promoting and providing preventive care services - Monitoring clinical outcomes in order to ensure quality care - Committing resources to improving safety and processes of care - Providing services conveniently accessible by patients <p>In addition, Baptist employees volunteer thousands of hours in community services and leadership. Baptist's support for community activities underscores its commitment to improving the lives of those served. Because Baptist and its employees contribute so much of their time, talent and resources to serve others, communities served by Baptist are better places to live and work. Quantification of many of the community benefits is detailed later in this section. However, what the Statement of Program Service Accomplishments doesn't measure is the economic benefit derived by each community from Baptist being one of the largest employers in the state. The economic impact of the wages paid to Baptist employees is significant considering the dollars they spend on food, housing, services, and other products.</p>

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Return Reference	Explanation
Continued	<p>CHARITY CARE POLICY To further the mission of enhancing the health of the people and communities it serves, Baptist provides medically necessary inpatient and outpatient care to patients regardless of race, religion, sex, national origin, disability, age or their ability to pay. Recognizing that not all patients have the ability to pay, Baptist has a charity care policy to accurately evaluate a patient's ability to pay for services received. Baptist relies solely on the physician order to determine whether treatment is medically necessary and whether the patient is treated on an inpatient or outpatient basis. Neither the patient's financial condition nor their ability to pay for services has any bearing upon whether, or how, the patient is treated in a Baptist facility. Patients are transferred only when Baptist does not provide the specialized service that is required, or by specific request of the patient. Baptist has notices posted throughout the hospital that clearly communicate Baptist's charity care policy. Baptist employees are instructed in the application of the charity care policy and are trained to recognize situations that indicate the financial resources of a patient may be inadequate. These employees freely and willingly volunteer information regarding the charity care policy to any patient who may express a concern regarding the ability to pay for services. The policy provides that:</p> <ol style="list-style-type: none"> 1 Patients/guarantors with resources of less than 200% of the Poverty Guideline for their family size will receive full charity. 2 Patients/guarantors with resources of 200% but less than 400% of the Poverty Guideline for their family size will qualify for partial charity. The ratio of resources up to 400% of the Poverty Guideline determines the percentage of the bill that will be the responsibility of the applicant. However, the liability is capped at 10% of the resources. 3 Patients/guarantors with resources of 400% of the Poverty Guideline for their family size but no more than 1200% of the Poverty Guideline for their family of one will qualify for partial charity if the liability exceeds 20% of their resources. In these situations, the patient/guarantor will be responsible for an amount not to exceed 20% of their resources. 4 If eligible for a charity discount, a patient will receive the discount regardless of whether they pay the balance on the bill. If necessary, payment arrangements may be made on the balance of the patient's bill in accordance with hospital procedures. In accordance with the provisions of Section 501(r), if charity care eligibility cannot be determined, good stewardship requires that the hospital initially begin the collection process. However, immediately upon determining that the guarantor is eligible for charity care, collection efforts on the balance eligible for charity will cease and the appropriate balance will be designated as charity. <p>TAX-EXEMPT STATUS REQUIREMENTS The Internal Revenue Service Revenue Ruling 69-54</p>

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Return Reference	Explanation
Continued	<p>5 provides that a hospital can demonstrate it has met the community benefit standard by having a full-time emergency room open to the public regardless of ability to pay for services received Baptist operates Emergency Departments that are open 24 hours a day, 365 days a year and treated 294,318 emergency patients during fiscal year 2018 Baptist facilities and emergency departments post policies stating that patients will be treated regardless of their ability to pay Depending on the severity of a patient's condition, as a service to the patient, Baptist may verify insurance prior to rendering services in the emergency department Under no circumstances is emergency care delayed by discussions regarding insurance coverage or ability to pay for services In addition, Baptist does not convey or intimate in any way to any emergency medical transportation service an unwillingness to treat any particular patient in need of medical attention</p> <p>ACCOUNTABILITY TO THE BROADER COMMUNITY</p> <p>As previously noted, the Baptist Board of Directors embraces its responsibility to represent the broader community in guiding Baptist in its provision of healthcare services The Board meets periodically to provide oversight as to how best to continue to serve each community Regularly scheduled meetings of the full Board and its Committees are described below Board of Directors Quarterly Audit Committee Quarterly Executive Committee As needed Compensation Committee As needed Finance Committee Monthly Governance Effectiveness Committee Quarterly Enterprise Risk Committee Quarterly Quality and Mission Effectiveness Committee Quarterly</p>

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Return Reference	Explanation																						
Continued	<p>One of the key functions of the Board is to ensure Baptist not only utilizes sound financial management, but also embraces a culture of compliance that permeates throughout the healthcare system. This is best demonstrated by Baptist's commitment of resources for compliance activities including the designation of a Compliance Officer. The compliance function reports to the Audit Committee (established in 1994) which is comprised of three independent members of the Board who are not members of either the Executive or Finance Committees. Additionally, at least one member has the expertise to be considered a financial expert in the public sector. Another key function of the Board is to ensure that compensation paid to executives is reasonable and meets the guidelines set forth by the Internal Revenue Service. Through the Compensation Committee, (CC), the Board ensures that 1) members of the CC do not have any conflicts of interest, i.e., they are not employed or receive compensation subject to approval by the executives, 2) the compensation is approved in advance by the CC, 3) the CC obtains and relies upon appropriate comparability data in making decisions, 4) every form of compensation and benefit is included in the comparisons, 5) the CC documents the basis for its decision concurrently with making the decision, and 6) based upon the data, the compensation is reasonable. The following is a summary of Baptist's community service for the year ended August 31, 2018, in terms of services to the poor and indigent and the benefits provided to the communities it serves.</p> <p>QUANTIFIABLE COMMUNITY BENEFIT Baptist is fully committed to its responsibility as a charitable organization and commits extensive resources to fulfill that obligation to the community. To the extent possible, Baptist has quantified the benefits provided to the communities it serves.</p> <table border="0"> <tr> <td>Description</td> <td>Amount</td> </tr> <tr> <td>Benefits for the Poor and Indigent</td> <td>Unreimbursed Cost of Charity Care \$ 30,937,000</td> </tr> <tr> <td></td> <td>Unreimbursed Cost of Medicaid 24,440,000</td> </tr> <tr> <td>-----</td> <td>Total Benefits for the Poor and Indigent \$ 55,377,000</td> </tr> <tr> <td>Benefits for the Broader Community</td> <td>Net Loss on Subsidized Health Services \$ 5,246,000</td> </tr> <tr> <td></td> <td>Community Health Improvement Services 4,474,000</td> </tr> <tr> <td></td> <td>Health Professions Education 75,000</td> </tr> <tr> <td></td> <td>Research 575,000</td> </tr> <tr> <td></td> <td>Financial & In-Kind Contributions 1,318,000</td> </tr> <tr> <td>-----</td> <td>Total Benefits for the Community \$ 11,668,000</td> </tr> <tr> <td>-----</td> <td>Total Quantifiable Community Benefit \$ 67,065,000</td> </tr> </table> <p>GLOSSARY OF COMMUNITY BENEFIT TERMS</p> <p>BENEFITS FOR THE POOR AND INDIGENT Describes services provided to persons who cannot afford healthcare because of inadequate resources and/or who are uninsured or underinsured. This includes those patients that qualify for Charity, Medicaid, Kentucky's Children Health Insurance Program (KCHIP), Kentucky Hospital Care Program (KHCP) and other citizens whose income is inadequate (based on each patient's individual circumstances).</p> <p>1 Unreimbursed cost of charity care describes the services provided to persons w</p>	Description	Amount	Benefits for the Poor and Indigent	Unreimbursed Cost of Charity Care \$ 30,937,000		Unreimbursed Cost of Medicaid 24,440,000	-----	Total Benefits for the Poor and Indigent \$ 55,377,000	Benefits for the Broader Community	Net Loss on Subsidized Health Services \$ 5,246,000		Community Health Improvement Services 4,474,000		Health Professions Education 75,000		Research 575,000		Financial & In-Kind Contributions 1,318,000	-----	Total Benefits for the Community \$ 11,668,000	-----	Total Quantifiable Community Benefit \$ 67,065,000
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Return Reference	Explanation
Continued	<p>ho cannot afford to pay It also includes the Health Care Provider Tax (Kentucky Revised Statutes 142.303) that is assessed on all hospital patient revenues received for the purpose of funding state Medicaid, KHCP and KCHIP programs The amounts reflect the net cost of these services after reducing the costs for contributions and other revenues received by Baptist as direct assistance for the provision of care 2 Unreimbursed cost of Medicaid reflects costs of treating Medicaid beneficiaries not reimbursed by government programs BENEFITS FOR THE BROADER COMMUNITY Describes services provided to other needy populations that may not qualify as indigent but that need special services and support The benefits include the cost of health promotion and education, health clinics and screenings, and medical research that benefits the community 1 Net loss on subsidized health services reflects the loss from services that would be discontinued if the decision were based on profit motives only 2 Other community benefit includes costs incurred by Baptist in providing support and coordination of health education and awareness events as well as the cost of employees paid time to attend, staff, and coordinate these activities 3 Baptist makes cash and in-kind donations on behalf of the poor and needy to community agencies and to special funds used for charitable purposes</p>

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Return Reference	Explanation
Form 990, Part VI, Section A, line 2	The Board of Directors is made up of executives from related organizations. The following individuals have a business relationship in that they serve on the Board of Directors of the organization and are officers and/or directors of a related organization: Carl Herde, Janet Norton, David Gray, Stephen Hanson and Victoria Buster.

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Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The internally prepared Form 990 is reviewed by an outside accounting firm. A copy of the IRS Form 990 is provided to the Board of Directors prior to the filing of the return. Any questions or comments are addressed by explanation or a change to the form.

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Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST Annually the Secretary of BHS sends out a Conflict of Interest questionnaire to each of the directors and officers serving on the Board of BHS After completion, they are returned to the Secretary and reviewed by the Board or the Governance Effectiveness Committee for any potential conflicts A conflict of interest is any circumstance, relationship (financial or otherwise), activity or decision (made in the course of governance, management or professional responsibilities or otherwise) that adversely influences or appears to adversely influence the ability of a covered person to 1) make objective decisions on behalf of BHS and/or 2) act in the best interests of BHS in a manner consistent with the tax-exempt purposes of BHS The Board or Committee will determine by a majority vote of disinterested directors whether the disclosed financial or special interest may result in a conflict of interest

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>COMPENSATION DETERMINATION PROCESS Annually in September, the BHS Compensation Committee reviews the compensation, including base compensation and incentive compensation, for the CEO and all officers and key employees of BHS. The BHS Compensation Committee is comprised of independent Board Members. The Committee retains a Compensation Consultant to advise the Committee and who provides data as to comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated healthcare organizations. The Committee reviews this information in approving annual base and incentive compensation and other items of reportable compensation described on Schedule J of the IRS Form 990. The decisions of the Committee regarding compensation are contemporaneously documented in the minutes of the Committee. Annually, the Committee Chairperson and the Compensation Consultant provide a report on executive compensation to the full Board of Directors of BHS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, & FINANCIAL STATEMENTS TO GENERAL PUBLIC In adherence to the Master Trust Indenture among BHS and U S Bank National Association, as Master Trustee, dated as of February 1, 2009, BHS reports its financial results on a quarterly basis to the Master Trustee who in turn makes them available through Electronic Municipal Market Access Additionally, the organization will provide any documents open to public inspection upon request

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Return Reference	Explanation
Form 990, Part VII	HOURS WORKED FOR RELATED ORGANIZATION Officers for BHS provide services to BHS and its subsidiaries Hours worked are not tracked on an entity by entity basis Therefore, all officers' hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week for all entities

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Return Reference	Explanation
Form 990, Part XI, line 9	MIS Funding 13,575,192 Capitalized Interest -11,772 Transfer JV Fund 1,187,000 Physician Entity Funding -145,485,779 PHQC Funding -18,451,292 Other Changes -1,172,324 IS Depreciation -9,073,658 Post Retirement Charge 2,888,388 Balance Sheet Transfer -47,266,227 Capital Released 4,563,579

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Baptist Healthcare System Inc

Employer identification number

61-0444707

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Baptist Health Network Partners LLC 2501 Kentucky Avenue Paducah, KY 42001 45-4290974	Physician Network	KY	-293,479	0	BHSI
(2) Baptist Health Care Partners LLC 2701 Eastpoint Parkway Louisville, KY 40223 47-4067700	ACO	KY	0	0	BHSI

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Baptist East Milestone Fitness Center 750 Cypress Station Road Louisville, KY 40207 61-1355065	Fitness Center	KY	BVI	Excluded				No			No	
(2) Baptist Physicicans Surgery Center 1720 Nicholasville Road Lexington, KY 40503 04-3665929	Ambulatory Surgery Center	KY	BCHS	Related				No			No	
(3) Baptist Eastpoint Surgery Center 2400 Eastpoint Parkway Louisville, KY 40223 26-0834852	Ambulatory Surgery Center	KY	BCHS	Related				No			No	
(4) Medical Associates of Middletown 4000 Kresge Way Louisville, KY 40207 20-0399400	Medical Office Building	KY	BHSI	Related				No			No	
(5) Baptist Health Performance Training 2701 Eastpoint Parkway Louisville, KY 40223 47-3567887	Sports Training	KY	BVI	Related				No		Yes		
(6) Cumberland Valley Surgical Center LLC PO Box 1620 Corbin, KY 40701 61-1348280	Ambulatory Surgery Center	IN	BCHS	Related				No			No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) Baptist Ventures Inc 2701 Eastpoint Parkway Louisville, KY 40223 61-1217018	Management	KY	BHSI	C	577,117		100 000 %	Yes	
(2) Baptist Health Plan Inc 651 Perimeter Park Lexington, KY 40517 61-1241101	Insurance	KY	BHSI	C	-14,336,925		100 000 %	Yes	
(3) Baptist Medical Management Services Inc 900 Hospital Drive Madisonville, KY 42431 37-1519513	HC MSO	KY	BHSI	C			100 000 %	Yes	
(4) MS Community Health Inc 2701 Eastpoint Parkway Louisville, KY 40223 61-1303514	Health Clinic	KY	BHMG	C			100 000 %	Yes	
(5) Hopkins County Credit Services Inc 2701 Eastpoint Parkway Louisville, KY 40223 61-0660705	Collections	KY	BHSI	C			100 000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
 Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Additional Data

Software ID:
Software Version:
EIN: 61-0444707
Name: Baptist Healthcare System Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2701 Eastpoint Parkway Louisville, KY 40223 61-1141242	Medical Services	KY	501(c)(3)	Line 12a, I	BHSI	Yes	
2701 Eastpoint Parkway Louisville, KY 40223 20-5497203	Physician Services	KY	501(c)(3)	Line 3	BHSI	Yes	
PO Box 1600 Richmond, KY 40476 61-0461940	Hospital	KY	501(c)(3)	Line 3	BHSI	Yes	
900 Hospital Drive Madisonville, KY 42431 61-0654587	Hospital	KY	501(c)(3)	Line 3	BHSI	Yes	
126 Lone Oak Road Paducah, KY 42001 61-1310466	Ambulance Service	KY	501(c)(3)	Line 12a, I	BHSI	Yes	
629 Lafoon Street Madisonville, KY 42431 61-0946210	Ambulance Service	KY	501(c)(3)	Line 10	N/A	Yes	
2701 Eastpoint Parkway Louisville, KY 40223 31-1506378	Fundraising	KY	501(c)(3)	Line 12a, I	BHSI	Yes	
2701 Eastpoint Parkway Louisville, KY 40223 47-2893430	Fundraising	KY	501(c)(3)	Line 12a, I	BHSI	Yes	
2701 Eastpoint Parkway Louisville, KY 40223 47-3033550	Fundraising	KY	501(c)(3)	Line 12a, I	BHSI	Yes	
1740 Nicholasville Road Lexington, KY 40503 61-1480774	Fundraising	KY	501(c)(3)	Line 12a, I	BHSI	Yes	
2501 Kentucky Avenue Paducah, KY 42003 26-4057759	Fundraising	KY	501(c)(3)	Line 12a, I	BHSI	Yes	
4000 Kresge Way Louisville, KY 40207 20-0292291	Fundraising	KY	501(c)(3)	Line 12a, I	BHSI	Yes	
2701 Eastpoint Parkway Louisville, KY 40223 31-1122867	Fundraising	KY	501(c)(3)	Line 12a, I	BHSI	Yes	
PO Box 1600 Richmond, KY 40476 51-0172717	Hospital Support	KY	501(c)(3)	Line 12a, I	BHSI		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Baptist Community Health Services Inc	J	1,899,226	Cost
Baptist Community Health Services Inc	O	109,842	Cost
Baptist Community Health Services Inc	Q	184,283	Cost
Baptist Community Health Services Inc	S	678,720	Cost
Baptist Health Employer Solutions Inc	Q	60,000	Cost
Baptist Health Foundation Corbin Inc	C	142,292	Cost
Baptist Health Foundation Corbin Inc	R	126,097	Cost
Baptist Health Foundation of Greater Louisville Inc	C	255,536	Cost
Baptist Health Foundation of Greater Louisville Inc	B	512,921	Cost
Baptist Health Foundation Lexington Inc	C	270,303	Cost
Baptist Health Foundation Paducah Inc	C	547,469	Cost
Baptist Health Foundation Paducah Inc	B	358,501	Cost
Baptist Health Madisonville Inc	S	3,995,307	Cost
Baptist Health Madisonville Inc	Q	24,800,516	Cost
Baptist Health Medical Group Inc	J	7,135,151	Cost
Baptist Health Medical Group Inc	Q	32,279,891	Cost
Baptist Health Medical Group Inc	R	2,245,936	Cost
Baptist Health Medical Group Inc	O	262,457	Cost
Baptist Health Medical Group Inc	P	24,189,835	Cost
Baptist Health Plan Inc	Q	8,905,910	Cost
Baptist Health Plan Inc	R	1,324,209	Cost
Baptist Health Richmond Inc	Q	15,103,294	Cost
Baptist Health Richmond Inc	S	2,621,227	Cost
Baptist Healthcare Foundation Inc	B	289,244	Cost
Baptist Ventures Inc	R	385,094	Cost